

325-778

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Handwritten</i>		08-01-01
O.I.P.E. CLASSIFIER		43	8/9/01
FORMALITY REVIEW	W	778	8/3/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)..... Canceled  
- ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final Original	
1	12/03
2	3/04
3	3/04
4	3/04
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50	3/04

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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